



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 1538-99
14 June 2000



Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 1 June 2000. After careful consideration of your application, the Board concluded that your application was not timely filed, and that it would not be in the interest of justice to excuse your failure to submit your application in a timely manner. The Board concluded that you were aware of the alleged errors in your record when you were discharged on from the Navy on 25 October 1943. It noted that even if the Board were to correct your record to show that you suffered from panic disorder with agoraphobia, vice claustrophobia, you would not be accorded any effective relief thereby, because there were no provisions for the disability retirement of enlisted service members in effect prior to 1 October 1949. It concurred with the psychiatric advisors' conclusion, as reflected in the enclosed advisory opinion, that you did not suffer from post traumatic stress disorder.

You may request reconsideration of this decision. Your request must include newly discovered relevant evidence which was not reasonably available to you when you submitted your application. The evidence may pertain to the timeliness of your application or to its merits. Absent such additional evidence, further review of your application is not possible.

It is regretted that a more favorable reply cannot be made.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

From: CPT [REDACTED] MC, USA
To: CAPT [REDACTED], Specialty Advisor for Psychiatry, Chief BUMED, Naval Hospital, San Diego, CA 92134-5000
Via: Chairman, Department of Psychiatry, NNMC

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS IN THE CASE OF FORMER [REDACTED]

Ref: (a) 10 U.S.C. 1552

Encl: (1) BCNR File
(2) Service Record
(3) VA Records/Medical Records

1. Per your request for review of the subject's petition for a correction of his Navy records and in response to reference (a), I have thoroughly reviewed enclosures (1) through (3).
2. Review of available Navy medical records revealed:
 - a. SERVICE MEDICAL RECORD, FORM H-8, entry dated 13 March 1943, at U.S. Naval Net Depot & Net Training School, Tiburon California, documents that the service member had been involved in naval combat during the battles of Bougainville and Salamana in the South West Pacific while serving on board the USS MAC DONAUGH. He reported feelings of confinement which were intensely uncomfortable for him, but appeared to tolerate duty while performing in the relatively unconfined environment of the forward 5" gun. The service member's shipmates reportedly noted that he occasionally awakened from sleep yelling and pushing on the bunk immediately above his. He also complained the development of difficulties in tolerating the roll of the ship, and fears that it would capsize. The service member noted problems with being in enclosed spaces around the age of ten years.
 - b. SERVICE MEDICAL RECORD, FORM H-8, entry dated 12 April 1943, at U.S. Naval Hospital, Mare Island California, documents that the patient had been ten days over-leave upon return to CONUS because he had sought the assistance of his family physician in treating his fears. It is further stated that the service member had received assistance from this physician prior to enlistment for similar complaints.
 - c. NMS-FORM M, REPORT OF MEDICAL SURVEY, dated 10 July 1943, conferring the diagnosis of "Diagnosis Unspecified (Psychoneurosis, Anxiety Neurosis)." The report documented the presence of "marked claustrophobia and other obsessive compulsive tendencies [during adolescence] which in later years he was able to control with effort." The service member's mental status examination revealed marked anxiety, an exaggerated startle response, obsessive thoughts about his battle experiences, nightmares, tachycardia and trembling. His clinical

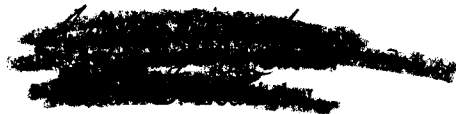
presentation at that time was felt to be possibly consistent with Psychoneurosis, War Neurosis; however, the presence of symptoms pre-dating his Active-Duty service were felt to demonstrate long-standing pathology.

- d. FORM 2545 OUTPATIENT, SPECIAL NEUROPSYCHIATRIC REPORT, dated January 25 1944 documents the service member's fear of enclosed places as well as his fear of crowded rooms. It notes the persistence of these symptoms from childhood through 1939. (The service member enlisted in 1941.) His symptoms are noted to be consistent with "attacks of anxiety hysteria" rather than psychoneurosis.
- e. SPECIAL NEUROPSYCHIATRIC EXAMINATION, dated 20 November 1950 documents the symptoms of chest pressure relieved by belching, heart palpitations which occur in episodes lasting up to fifteen minutes, avoidance of contact with strangers and a reluctance to leave his home due to the fear that his symptoms might recur. The service member was noted to worry about his health a great deal, and under periods of stress "becomes almost panicky and perspires a great deal."
- f. V.A. FORM 2545 REPORT OF PHYSICAL EXAMINATION, dated 29 November 1950 noted that the service member had episodes of dizziness lasting up to five minutes as frequently as twice per month, and also occasionally experienced bursts of unexplained tachycardia which were alarming to him.
- g. FIELD EXAMINER'S REPORT, dated 25 April 1951, with attached EXHIBITS A through H documented that the service member's nervousness had become socially and occupationally disabling for him, as assessed by acquaintances from his home town. Opinions varied as to the existence of a problem prior to his period of service, but there appeared to be a general consensus that his condition had deteriorated since his enlistment.
- h. CLOSING SUMMARY, VAH- LONG BEACH, CALIFORNIA, dated 1 July 1953, documents the presence of disabling "nervousness" and "emotionality" which had interfered with the service member's ability to maintain consistent work behavior.
- i. REQUEST FOR CONGRESSIONAL INQUIRY FORM with attached letter from service member CONCERNING THE ACTIVITIES OF WILLIAM ELHART ABOARD THE DESTROYER USS MACDONAUGH – DD –351 dated 01 February 1999, documents in the service member's own words the events which he feels are pertinent to this case. Specifically, the service member was serving on board his destroyer during combat operations when the concussion from a depth charge buckled the hull of his ship, throwing him across the darkened compartment. He regarded this experience as traumatic and stressful. He was granted permission to serve in various duty stations above deck after this incident, and noted no additional problems. During his subsequent evaluation upon return to CONUS, he endorsed problems with childhood claustrophobia, but asserted that the condition was not a problem at the

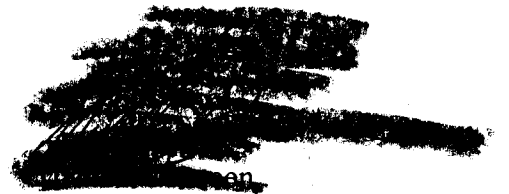
time of his enlistment in the Navy. He felt that he had been coerced into signing his medical discharge papers, and requested that Post Traumatic Stress Disorder be considered as his diagnosis.

3. Review of the service record revealed:
 - a. The service member entered active duty on 26 November 1941. He received training at USNTS San Diego, CA prior to being transferred to his first duty station aboard the USS Tucker on 31 December 1941. He transferred from this vessel to the USS MacDonough on 18 January 1942 and served as a crew's messman until 30 June 1942. During this time, his ship took part in the battles of Bougainville and Salamoia. He was promoted to S2C on 26 March 1942. The service member departed his ship on 2 March 1943 and returned to the US Naval Net Depot And Net Training School in Tiburon CA, after having been AOL for 10 days. He was immediately moved to the Naval Hospital, Mare Island CA, where he remained until his Discharge Under Honorable Conditions by Reason of Medical Survey on 25 September 1943. He was granted an Honorable Discharge on 9 April 1947.
 - b. Performance evaluations from March to December of 1942 range from 2.9 to 3.3 for Proficiency in Rating, 2.9 to 3.3 for Seamanship, and 4.0 for Conduct. The record contains no recommendations for further advancement in rank.
 - c. The service member has been awarded the following medals:
 - American Defense Service Medal
 - American Campaign Medal
 - Asiatic-Pacific Campaign Medal
 - World War II Victory Medal
4. Review of the VA file revealed:
 - a. Amendment of Disability Pension, dated 18 August 1994, is the most recent documentation of the service member's VA benefits, with monthly rate at \$435.00 and Countable Annual Income of \$2593.00.
5. Discussion:
 - a. The service member was formally evaluated by mental health prior to his discharge from the Navy. He was re-evaluated in 1944 and 1950 by the VA. His original diagnoses of Psychoneurosis/Anxiety Neurosis are no longer recognized by the Diagnostic and Statistical Manual (DSM IV).
 - b. While on active duty, the service member experienced an event that could have resulted in death or serious injury. There is evidence suggesting that his immediate reaction to this event was intense fear. In 1943, the service member appears to have experienced distressing recollections and nightmares associated with his combat experiences; furthermore, he was noted to have an exaggerated startle response at the time. There is minimal evidence within the records to suggest that the service member manifested persistent avoidance of stimuli associated the trauma or a numbing of his general responsiveness. There is no further reference made to these specific symptoms or experiences in the service member's records during his subsequent fifty-seven years of medical care.

- c. Records indicate that the service member experiences episodes of tachycardia, with palpitations, sweating, dizziness and abdominal distress. Additionally, he appears to manifest anxiety about being in places where escape would be difficult or embarrassing in the event of occurrence of the aforementioned symptoms. His medical records indicate that he has expressed worry about the implications of these symptoms for his health.
 - d. Records indicate that his symptoms appear to be similar to, but markedly greater than those which he reported prior to his enlistment in the Navy. The records indicate that the service member was without symptoms at the time of his entry into active duty, and that those symptoms resurfaced with greater intensity as a result of his combat experiences.
 - e. There is no additional documentation of treatment in a mental health facility since his discharge from active duty.
6. Opinion and Recommendations: There is evidence in the provided information to support amending the diagnosis from Diagnosis Unspecified (Psychoneurosis, Anxiety Neurosis) to Panic Disorder with Agoraphobia (DSM IV 300.21) EPTE/Service Aggravated. The diagnosis of Post Traumatic Stress Disorder is not adequately supported by the information provided.



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Psychiatry Resident



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